

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

PLASKETT, STACEY

ADDRESS (number and street)

PO BOX 1006

Check if different  
than previously  
reported. (ACC)

FREDERIKSTED

VI

00841

2. FEC IDENTIFICATION NUMBER ▼

C

C00528182

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

VI

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jonathan Buckney-Small

Signature of Treasurer

Jonathan Buckney-Small

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

PLASKETT, STACEY

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7750.00	59750.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	7750.00	59750.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	11947.54	45240.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	11947.54	45240.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14509.88	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	6500.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 16

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**PLASKETT, STACEY**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

6750.00

58350.00

**(ii) Unitemized.....**

0.00

400.00

**(iii) TOTAL of contributions from individuals ▶**

6750.00

58750.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

1000.00

1000.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

7750.00

59750.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

7750.00

59750.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11947.54	45240.12
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11947.54	45240.12

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18707.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7750.00
25. SUBTOTAL (add Line 23 and Line 24).....	26457.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11947.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14509.88

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**PLASKETT, STACEY**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Robert Bittner</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2015	
Mailing Address 44 N. Cactus Pl		<b>Transaction ID : SA11AI.4276</b>	
City Sioux Falls	State SD	Zip Code 57110	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Lauri Bottiger</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2015	
Mailing Address 5000 Estate Enighed PMB 490		<b>Transaction ID : SA11AI.4285</b>	
City St. John	State VI	Zip Code 00830	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Giffit Hill School	Occupation Head of School		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Greg Ferguson</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2015	
Mailing Address 9100 Havensight Suite Port of Sale		<b>Transaction ID : SA11AI.4283</b>	
City St. Thomas	State VI	Zip Code 00802	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Partner	Occupation Kellerhals Ferguson PC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1000.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**PLASKETT, STACEY**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>James Furneaux</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>20</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		20		2015
M M	/	D D	/	Y Y Y Y										
04		20		2015										
Mailing Address 17B Harrison St			<b>Transaction ID : SA11AI.4278</b>											
City	State	Zip Code												
Newburyport	MA	01950												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00														
Name of Employer Self-Employed		Occupation Investor												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>	1000.00											
1000.00														
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Glen W Hall</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>14</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		14		2015
M M	/	D D	/	Y Y Y Y										
04		14		2015										
Mailing Address PO Box 2309			<b>Transaction ID : SA11AI.4293</b>											
City	State	Zip Code												
Paulie Island	SC	29585												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00														
Name of Employer Retired		Occupation Retired												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>	1000.00											
1000.00														
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Erika Kellerhalls</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>20</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		20		2015
M M	/	D D	/	Y Y Y Y										
04		20		2015										
Mailing Address 9100 Havensight Suite Port of Sale			<b>Transaction ID : SA11AI.4281</b>											
City	State	Zip Code												
St. Thomas	VI	00802												
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>		500.00									
500.00														
Name of Employer Partner		Occupation Kellerhalls Ferguson PC												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>	500.00											
500.00														
<b>SUBTOTAL</b> of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">2500.00</td> </tr> </table>		2500.00									
2500.00														
<b>TOTAL</b> This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**PLASKETT, STACEY**

Full Name (Last, First, Middle Initial)

**David McCay**

Mailing Address 5101 Saint Vrain Rd

City

Longmont

State

CO

Zip Code

80503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2015

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Jeffrey Murray**

Mailing Address 6510 Anna Maria Ct

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

C2Group

Occupation

Partner

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : SA11AI.4287

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Sebastiano Paiwonsky-Cassineli**

Mailing Address 37 Main St

City

St. Thomas

State

VI

Zip Code

00804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2015

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**PLASKETT, STACEY**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Rutnik**

Mailing Address Post Office Box 348

City State Zip Code  
St. John VI 00831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2015

Transaction ID : SA11AI.4266

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**Miles Stair**

Mailing Address 517 Mongoose Junction  
Cruz Bay

City State Zip Code  
St. John VI 00830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2015

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Eric Tober**

Mailing Address 5 Rosecrest Avenue

City State Zip Code  
Alexandria VA 22301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johnston & AssociatesOccupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**PLASKETT, STACEY**

Full Name (Last, First, Middle Initial)

**William Willigerod**

Mailing Address 16213 Spring Garden

City

St. John

State

VI

Zip Code

00830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Willigerod PCOccupation  
Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2015

Transaction ID : SA11Al.4272

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

6750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**PLASKETT, STACEY**Full Name (Last, First, Middle Initial)  
**A. AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO**

Mailing Address 1625 L STREET NW

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing  
federal political committee.**C** C90011172

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11C.4291

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

1000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**PLASKETT, STACEY**

Full Name (Last, First, Middle Initial)

**A. CBS-TV2**

Mailing Address 4611 Tutu Park

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2015

City	State	Zip Code
St. Thomas	VI	00801

Amount of Each Disbursement this Period

1400.00
---------

Purpose of Disbursement  
Media

004

Transaction ID : SB17.4258

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Choice Telephone**

Mailing Address 1 Estate Cane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2015

City	State	Zip Code
Frederiksted	VI	00840

Amount of Each Disbursement this Period

251.00
--------

Purpose of Disbursement  
Campaign Phone

001

Transaction ID : SB17.4248

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Da Vybe**

Mailing Address 1013 Western Suburb

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2015

City	State	Zip Code
St. Thomas	VI	00804

Amount of Each Disbursement this Period

278.00
--------

Purpose of Disbursement  
Radio Announcement

004

Transaction ID : SB17.4245

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1929.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**PLASKETT, STACEY**

Full Name (Last, First, Middle Initial)

**A. Events by Andre Wells**

Mailing Address 1600 K St NW Ste 600

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Event

007

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 14 / 2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.4231

**B. Federal Election Commission**

Mailing Address 999 E St. NW

City	State	Zip Code
Washington	DC	20463

Purpose of Disbursement  
FinesCategory/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 27 / 2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.4250

**C. J&W Deli**

Mailing Address 215 Ridge Rd

City	State	Zip Code
North Arlington	NJ	07031

Purpose of Disbursement  
Catering

007

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2015

Amount of Each Disbursement this Period

800.00
--------

Transaction ID : SB17.4240

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4800.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PLASKETT, STACEY**

Full Name (Last, First, Middle Initial)

**A. Sebastiano Paiwonsky-Cassineli**

Mailing Address 37 Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2015

City	State	Zip Code
St. Thomas	VI	00804

Amount of Each Disbursement this Period

1191.00
---------

Purpose of Disbursement  
ConsultingCategory/  
Type**Transaction ID : SB17.4242**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Passion Fruit Chefs**

Mailing Address PO Box 1351

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2015

City	State	Zip Code
St. John	VI	00831

Amount of Each Disbursement this Period

1787.50
---------

Purpose of Disbursement  
Catering

007

Category/  
Type**Transaction ID : SB17.4236**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Seven Flag Storage**

Mailing Address 5190 Estate Solitude

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2015

City	State	Zip Code
Christiansted	VI	00820

Amount of Each Disbursement this Period

357.00
--------

Purpose of Disbursement  
Storage Fee

001

Category/  
Type**Transaction ID : SB17.4244**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3335.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**PLASKETT, STACEY**

Full Name (Last, First, Middle Initial)

**A. Sprint**

Mailing Address Online

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2015

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Campaign Phone

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

282.75
--------

Transaction ID : SB17.4247

**B. Sprint**

Mailing Address Online

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2015

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Campaign Phone

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

125.00
--------

Transaction ID : SB17.4264

**C. Miles Stair**Mailing Address 517 Mongoose Junction  
Cruz Bay

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2015

City	State	Zip Code
St. John	VI	00830

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4270

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

907.75



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 16

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**PLASKETT, STACEY**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Newgrange Consulting Group**

Nature of Debt (Purpose):

Swearing In Reception

Mailing Address 43 Charles St

City State

Zip Code

Boston

MA

02114

Outstanding Balance Beginning This Period

6500.00

Transaction ID : SD10.4216

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

6500.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

6500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

6500.00